

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Stuart D. Trachy			
II. Name of lobbyist's partnership	, firm or corporation, if a	ny:	
(Name of partners	hip, firm or corporation)		
Two Carla Causan	Consord	MII	02201
Two Eagle Square Business Address: (Street)	Concord (Town/City)	NH (State)	(Zip Code)
Trusiness reducess. (Street)	(Town/City)	(State)	(zip code)
(603) 520-0822	 	email strachy@aol.com	
(Telephone)	(Fax)		
III. This statement covers: (Choos reportable expense transactions w All reportable transactions occur	hich are not attributable		
Coalition of NH Chain Drug	Stores		
<u>OR</u>	.,	s on the Lobbyist Registration Fo	·
octivity from 7/1	5, 2017 🔲 1/17 to 9/30/17	July 26, 2017 🗹 octivity from 4/1/17 to 6/30/1 Jonuary 31, 2018 🗍 activity from 10/1/17 to 12/3	1/17
V. There have been no fees receive If this box is checked, complete just Concord, NH 03301.	ed and no reportable tran this form and submit it to th	sactions made since the last rep he Secretary of State's Office, Sta	te House, Room 204.
If you have paid an honoral Expense Reimbursement	or made expenditures, you i arium or reimbursed expens	must file Addendum A- Fees an ses, you must file Addendum B-ontrihutions, you must file Adde	Report of Honorariums or
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belief (Signature of lobbyist)	RSA 664 and hereby swear	r or affirm that the foregoing info	
Stuart D. Trachy (Print Name of lobbyist)			